

Case Number:	CM13-0017801		
Date Assigned:	10/11/2013	Date of Injury:	06/22/2009
Decision Date:	01/02/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Urology and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old female with at least a 10 year history of bladder dysfunction including frequency, urgency, urgency incontinence, and stress incontinence. The patient has been on anticholinergic medications including Ditropan, Enablex, and Vesicare for years. In 2012, she had an Interstim device placed to lessen and or eliminate elements of overactive bladder and urgent incontinence. Initial postoperative visits were positive for lessening of symptoms, but eventually the device stopped working and she was placed back on anticholinergic medication, Vesicare. In 2009, she sustained an orthopedic injury which aggravated her bladder findings, necessitating the anticholinergic medications. She has been recently evaluated by her urologist and recommend to have repeat urodynamic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Vesicare 10mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacological treatment of idiopathic overactive bladder:a literature review, by Haab F. Cornu.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the American Urological Association, Treatment of Overactive Bladder..

Decision rationale: Based on the medical records provided for review, this employee will continue to have life-long bladder overactivity. The disability is mainly chronic pain from the accident. However, the urinary dysfunction has been worsened by the injury. Surgical intervention in the form of Interstim placement was not successful, necessitating continuation of medication and consideration for Botox instillation into her bladder. The request for Vesicare is medically necessary and appropriate.